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## WATER SUPPLY LEGISLATION IN OHIO<sup>1</sup>

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### HISTORICAL

In 1886, the legislature of Ohio enacted a law creating the State Board of Health. Ohio was the thirty-second state in the Union to provide for a state health department. Although engineering problems involving water supply and sewerage soon arose, there were no laws to provide control of public water supply and sewerage improvements until 1893. The legislature in that year passed a law requiring the submission of plans for proposed public water supply and sewerage improvements to the State Board of Health for approval. This law is codified as section 1240 G. C. The first projects submitted to the State Board of Health in compliance with this law were passed upon by members of the board and its secretary; no engineering personnel was employed.

A general examination of public water supplies in Ohio was taken up in 1897 and members of the faculty of the Ohio State University were retained for this purpose. The investigation showed that some provision should be made for regular examination of public water supplies. Accordingly in 1898, the legislature passed a law providing for the annual investigation and report of the conditions of all public water supplies. It was following this enactment that provision was made for a division of laboratories and a division of engineering attached to the State Board of Health. For the period up to 1901 only one engineer was employed to carry on the work.

In 1906, an act of the legislature directed the State Board of Health to investigate the construction, operation and efficiency of water purification and sewage treatment plants in Ohio and to

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report to the legislature by March, 1908, with recommendations. Special assistant engineers were employed in this work, which was carried on for approximately two years.

In 1908, a law was passed based upon the results of investigations of the water purification plants and the sewage treatment plants. This law, known as the Bense Act, was amended later and reenacted in 1919. It is codified under sections 1249 to 1261 inclusive, G. C. It was not until 1912 that this law became fully effective when the Supreme Court of Ohio decided upon its constitutionality.

The Ohio Building Code was enacted in 1911. This includes the plumbing code which gives to the State Department of Health duties of enforcing certain provisions. In 1913, the legislature authorized the establishment of sewer districts by county commissioners in which water supply and sewerage improvements could be made in areas outside of incorporated municipalities.

In 1919, the Sanitary District Act was passed. Under the provisions of this act a district may be organized for the purposes of water supply and sanitation without reference to political boundaries of the areas affected, that is to say, the area shall include two or more political sub-divisions or portions thereof, without reference to contiguous territory or without necessity of the area being entirely within one county.

In 1920, the State Department of Health adopted regulations in accordance with the provisions of section 1240 and the building code setting forth in detail the exact manner in which plans for water supply and sewerage improvements should be submitted to the department for approval before contract work was undertaken. Such regulations were for the purpose of assisting the engineers in planning improvements, as well as to prevent misunderstanding on the part of municipalities and corporations as to the extent of jurisdiction of the State Department of Health over proposed work. The regulations were made to cover a broader field, including improvements for semi-public and quasi-public places such as factories, hotels, summer resorts, etc. The expansion of the duties of the health department under the regulations adopted in 1920 was with the effort to obtain a closer check upon the kinds of installations made for public purposes.

It should be pointed out in this connection that the power of the State Department of Health to protect the public health was limited. For example, many installations of water supplies were made prior

to the regulations of 1920 and the original code of 1893. Defects were noted in such systems from time to time in the course of routine inspections carried on by the engineering division. The municipal authorities were advised in such cases to make the corrections, many times the correction being so simple that direct advice could be given as to the manner of correcting the fault. If the municipality chose to disregard the advice, no direct action could be taken to bring about the changes deemed necessary to protect the public health. The Salem, Ohio, typhoid fever epidemic was directly attributable to the existence of poor development of the public water supply system. The particularly objectionable points had been brought to the attention of the municipal authorities as early as 1900. Again in the case of the Hillsboro, Ohio, epidemic of 1920 and 1921, the trouble was caused by the use of an emergency intake whereby polluted creek water was introduced into the water supply mains, after the State Health Department had repeatedly advised, as late as 1919, that the maintenance of such an intake constituted a grave menace to the public health.

The lessons of the Salem and Hillsboro epidemics were brought home so forcibly upon the general public that a new and much more drastic power was delegated to the State Department of Health by an act of the legislature in 1921 under the title of House Bill No. 266. A brief description of this legislation is of interest to the water works officials not only in Ohio but in other states since attempt is made to fix responsibility upon a central authority for the safeguarding of the public water supply systems of the state through its health department.

#### WATER SUPPLY LEGISLATION OF 1921

The title of the enactment reads: "To provide state supervisory control of public water supplies and to empower the State Department of Health to require improvement of unsatisfactory water supply and water works systems." The act comprises six sections codified as sections 1252-1 to 1252-6 G. C. A brief description of each section will be given.

*Section 1 (sec. 1252-1 G. C.).* This section requires the State Department of Health to exercise general supervision over the operation and maintenance of the public and quasi-public water supplies throughout the state. Such general supervision entails the following duties:

1. Investigations of the water supplies at regular intervals and *whenever requested by local health officials.*

2. Preparation for adoption of orders and regulations of a more or less general character, regarding operation and maintenance of water supply systems.

3. Preparation of forms for the submission of reports of operation.

4. Prompt examination of such reports and follow up of same.

*Section 2. (sec. 1252-2 G. C.).* This section requires regular analyses of each public water supply in such manner and at such intervals as may be ordered by the State Department of Health. The proper enforcement of this section requires very careful thought to reach satisfactory conclusions on the following points:

1. Collection of samples: (a) sampling points, number and location; (b) by whom to be collected; (c) source and character of container to be used.

2. Frequency of examination of samples for each particular water supply.

3. Determinations to be made as a regular procedure.

4. Methods of analyses to be followed.

5. By what laboratories analyses are to be made. Laboratories may be subdivided as public and private, and the public laboratories may be further subdivided as local health department laboratories and water purification plant laboratories. A complete list of all available laboratories in the state must be compiled.

6. Adoption of a form for record and report of results of analyses.

7. Determination of method of submission of report to State Department of Health.

*Section 3 (sec. 1252-3 G. C.).* This section makes unlawful the establishment of a cross-connection with a public water supply system unless such connection has been approved by the State Department of Health. This section will result in submission of many requests for action and will require a considerable amount of work to answer and dispose of such requests.

*Sections 4 and 5 (sec. 1252-4, 1252-5 G. C.).* These sections empower the State Department of Health to order improvements in water supply systems which are found necessary to provide safety. Investigations will be at the initiative of the department. The procedure to order corrections or improvements and the enforcement of the order is delegated to the statutes already enacted by the Bense Act as recodified in 1919. The law clearly imposes, therefore, upon the

department a responsibility for finding out defects, in water supply systems, reporting upon them, and securing their correction. This means that each examination of a water supply system must be a complete one, otherwise the department will be charged with oversight and neglect of duty.

*Section 6 (sec. 1252-6. G. C.).* This section provides that whoever violates any provisions of sections 1, 2 or 3, shall be deemed guilty of a misdemeanor and subject to fine.

It is apparent that the proper enforcement of the provisions of the recent legislation will not be secured fully until additions to the personnel of the Division of Engineering are made, since the discharge of the duties already imposed by law upon the Division, prior to the enactment of the House Bill No. 266, require the constant effort of the sanitary engineers as at present constituted. This matter was called to the attention of the legislators and assurance was given that proper provisions to carry on the extra work would be forthcoming in the near future. The new legislation became effective August 18, 1921.